

Weisman

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**02-004**

2. STATE  
Washington

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$0

b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A  
Pages 1 & 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 6 to Attachment 2.6-A  
Pages 1 & 2

10. SUBJECT OF AMENDMENT:

SSI Standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
DENNIS BRADDOCK

14. TITLE:  
Secretary

15. DATE SUBMITTED:

3/13/02

16. RETURN TO:

Department of Social and Health Services  
Medical Assistance Administration  
623 8<sup>th</sup> St SE MS: 45500  
Olympia, WA 98504-5500

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: MAR 14 2002

18. DATE APPROVED: MAR 29 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
JAN - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

131

21. TYPED NAME:

Banner Butterfield

22. TITLE:

ASSISTANT REGIONAL ADMINISTRATOR

23. REMARKS:

DIVISION OF MEDICAL AND STATE OPERATIONS

3/13/02

Olympia

REVISION

SUPPLEMENT 6 TO ATTACHMENT 2.6-A  
PAGE 1

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS  
January 1, 2002

	Gross Income Level	Standard	SSI Benefit	State Supplement
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**Living Alone 1/**

Area 1: King, Kitsap, Pierce, Snohomish, and Thurston Counties.

Individuals:	\$1,635	\$570.90	\$545	\$25.90
Couples:				
1. Both individuals eligible:	2,451	836.90	817	19.90
2. Eligible individual w/one essential person on rolls before 1/1/74:	2,454	837.90	818	19.90
3. Eligible individual with ineligible spouse enrolled after 1/1/74:	1,635	711.10	545	166.10

Area 2: Counties other than King, Kitsap, Pierce, Snohomish and  
Thurston

Individuals:	1,635	550.45	545	5.45
Couples:				
1. Both individuals eligible:	2,451	817	817	0
2. Eligible individual w/one essential person on rolls before: 1/1/74	2,454	818	818	0
3. Eligible individual with ineligible spouse enrolled after: 1/1/74	1,635	681.15	545	136.15

1/ Living alone includes room and board living arrangements.

TN: 02-004  
Supersedes  
TN: 01-002

Approval Date:

Effective Date: 1/1/02

REVISION

SUPPLEMENT 6 TO ATTACHMENT 2.6-A  
PAGE 2

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:  
PAYMENT GROUPS/INCOME LEVELS  
January 1, 2002

	Gross Income Level	Standard	SSI Benefit	State Supplement
<b>Shared Living (Supplied Housing): Area 1 and 2</b>				
Individuals:	\$1,090.02	\$ 367.05	\$ 363.34	\$3.71
Couples:				
1. Both individuals eligible:	1,634.01	548.87	544.67	4.20
2. Eligible individual w/one essential person on rolls before 1/1/74:	1,636.02	549.54	545.34	4.20
3. Eligible individual with ineligible spouse enrolled after 1/1/74:	1,059.72	465	363.34	101.66
<b>Other living <u>1</u>/ Area 1 and 2</b>				
Individuals:	1,635	1,635	<u>1</u> /545	1090

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home or Group Home. (These are non-Title XIX facilities.)

1/This standard represents a maximum.